UNITED STATES DISTRICT COURT

for the

Southern District of New York

| MARISOL ORDONEZ VARGAS, |) | | |
|--|-----|------------------|---------------|
| Plaintiff(s) V. |)) | Civil Action No. | 7:25-cv-00064 |
| ORANGE COUNTY; NEW YORK CORRECT CARE SOLUTIONS MEDICAL SERVICES, P.C.; JOSEPH PATRICK HARKINS; TENESHIA WASHINGTON,RN; JILLIAN M BARONE, RN; MANDI LEE ZACCAGNINO, NP; DOMINICK PIACENTE; AND DOE DEFENDANTS 1-4 |) | | |
| Defendant(s) |) | | |

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address) See attached Rider

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff's attorney,

whose name and address are: Elena L. Cohen

COHEN&GREEN P.L.L.C. 1639 Centre Street, Suite 216 Ridgewood, New York 11385

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date:

O5/13/2025

Tammer M. Hollurg

CLERK OF COURT

/S/ V. BRAHIMI

Signature of Clerk or Deputy Clerk

Civil Action No. 7:25-cv-00064

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (1))

| | This summons for (nan | ne of individual and title, if any) | | | | |
|---------|--|-------------------------------------|---------------------------------|------|--|--|
| was rec | ceived by me on (date) | · | | | | |
| | ☐ I personally served | the summons on the individual a | t (place) | | | |
| | | | on (date) | ; or | | |
| | ☐ I left the summons | | | | | |
| | , a person of suitable age and discretion who resides there, | | | | | |
| | on (date), and mailed a copy to the individual's last known address; or | | | | | |
| | ☐ I served the summons on (name of individual) designated by law to accept service of process on behalf of (name of organization) | | | | | |
| | | | | | | |
| | | | on (date) | ; or | | |
| | ☐ I returned the summ | nons unexecuted because | | ; or | | |
| | ☐ Other (specify): | | | | | |
| | My fees are \$ | for travel and \$ | for services, for a total of \$ | 0.00 | | |
| | I declare under penalty of perjury that this information is true. | | | | | |
| Date: | | | | | | |
| | | | Server's signature | | | |
| | | · | Printed name and title | | | |
| | | | | | | |
| | | | Server's address | | | |

Additional information regarding attempted service, etc:

Summons Rider for Complaint

UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

ORANGE COUNTY

225 Main Street Goshen, New York 10924

NEW YORK CORRECT CARE SOLUTIONS MEDICAL SERVICES, P.C.

555 S. State Street Syracuse, NY 13202

JOSEPH PATRICK HARKINS

Orange County Correctional Facility 110 Wells Farm Rd Goshen, NY 10924

TENESHIA WASHINGTON, RN

Orange County Correctional Facility 110 Wells Farm Rd Goshen, NY 10924

JILLIAN M BARONE, RN;

Orange County Correctional Facility 110 Wells Farm Rd Goshen, NY 10924

MANDI LEE ZACCAGNINO, NP

Orange County Correctional Facility 110 Wells Farm Rd Goshen, NY 10924

DOMINICK PIACENTE

Orange County Correctional Facility 110 Wells Farm Rd Goshen, NY 10924